MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
16302

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 3122 Lafayette Street St., Ward)
File No. — Registered No. 703

2. FULL NAME Lena Elizabeth Prawitz.
(a) Residence. No. 3122 Lafayette Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Lewis A Prawitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March.9.1845.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83	2	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Neuendorf,
(STATE OR COUNTRY) Switzerland.

PARENTS
10. NAME OF FATHER Casper VonArb.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Neuendorf,
(STATE OR COUNTRY) Switzerland.
12. MAIDEN NAME OF MOTHER Marie Teresa Battiges
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Neuendorf
(STATE OR COUNTRY) Switzerland

14. INFORMANT E.J.Prawitz
(Address) 3122 Lafayette Street

15. FILED JUN 1 1928 19 John L. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May.31. 1928.

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to May 31, 1928, that I last saw her alive on May 31, 1928, and that death occurred, on the date stated above, at 8/35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Duration 4 days
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
Duration 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Luther Ramsey, M. D
May.31.1928 (Address) Kansas City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery
DATE OF BURIAL June.2. 1928
20. UNDERTAKER H. O Siebenladen
ADDRESS 1802 Union Str.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.